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PTO/SB/05 (03-01)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2507-5787.2US (21811-US-02)  
First Inventor Harvey et al.  
Title FIBER REINFORCED ROCKET MOTOR INSULATION  
Express Mail Label No. EV 326923646 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 21]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
5. Oath or Declaration [Total Pages 1]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Copy of Power of Attorney, Revocation of Prior Power of Attorney, and Request to Change Correspondence Address

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 10 / 046,132

Prior application information: Examiner J. Belena

Group / Art Unit: 3746

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number

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or ☐ Correspondence address below

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| Address |           |          |  |
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| Country | Telephone | Fax      |  |

|                   |                         |                                   |                  |
|-------------------|-------------------------|-----------------------------------|------------------|
| Name (Print/Type) | Tawni L. Wilhelm        | Registration No. (Attorney/Agent) | 47,456           |
| Signature         | <i>Tawni L. Wilhelm</i> | Date                              | February 5, 2004 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|   |  |                                 |                             |
|---|--|---------------------------------|-----------------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> |  | <p><b>Complete if Known</b></p> |                             |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number              | To be assigned              |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 860   |  | Filing Date                     | February 5, 2004            |
|   |  | First Named Inventor            | Harvey et al.               |
|   |  | Examiner Name                   | To be assigned              |
|   |  | Art Unit                        | To be assigned              |
|   |  | Attorney Docket No.             | 2507-5787.2US (21811-US-02) |

| <p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                   <input type="checkbox"/> Credit card                   <input type="checkbox"/> Money Order                   <input type="checkbox"/> Other                   <input type="checkbox"/> None             </p> <p> <input type="checkbox"/> Deposit Account:             </p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Deposit Account Number: 20-1469</p> <p>Deposit Account Name: TraskBritt</p> </div> <div style="width: 50%;"> <p><b>The Director is authorized to: (check all that apply)</b></p> <p> <input type="checkbox"/> Charge fee(s) indicated below                               <input checked="" type="checkbox"/> Credit any overpayments<br/> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br/> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                         </p> </div> </div>   |              |              |                | <p><b>FEE CALCULATION (continued)</b></p>                                  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
|--|--------------|--------------|----------------|--|-----------------|--------------|----------------|-----------------|--------------|--------------|----------|----------|----------|--------------------|------------|------|-----|--------------------|--------------------|------|-----|------|-----|-------------------|--|--------------|-----|-----------------|----------|------------------|----------|----------|----------|------|-----|--------------------|---|------------------------|-----|------|----|------------------------|----|-----------------------------------|--|------|-----|------|-----------------|--|--|------|----|--------------|----|--|--|-----------------|----------|----------|----------|--|----------|---------------------|-----|------|----|-------------------------------------|----------------|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|---------------|
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$ 770)</b></td> </tr> </tbody> </table>   |              |              |                | Large Entity   |                 | Small Entity |                | Fee Description | Fee Paid     | Fee Code     | Fee (\$) | Fee Code | Fee (\$) | 1001               | 770        | 2001 | 385 | Utility filing fee | 770                | 1002 | 340 | 2002 | 170 | Design filing fee |  | 1003         | 530 | 2003            | 265      | Plant filing fee |          | 1004     | 770      | 2004 | 385 | Reissue filing fee |   | 1005                   | 160 | 2005 | 80 | Provisional filing fee |    | <b>SUBTOTAL (1)</b>               |  |      |     |      | <b>(\$ 770)</b> | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$ 0)</b></td> </tr> </tbody> </table> |  |      |    | Large Entity |    | Small Entity                                       |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code   | Fee (\$) | 1051                | 130 | 2051 | 65 | Surcharge - late filing fee or oath |                | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$ 0)</b> |
| Large Entity   |              | Small Entity |                | Fee Description  | Fee Paid        |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Fee Code   | Fee (\$)     | Fee Code     | Fee (\$)       |  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1001   | 770          | 2001         | 385            | Utility filing fee   | 770             |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1002   | 340          | 2002         | 170            | Design filing fee  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1003   | 530          | 2003         | 265            | Plant filing fee   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1004   | 770          | 2004         | 385            | Reissue filing fee   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1005   | 160          | 2005         | 80             | Provisional filing fee   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| <b>SUBTOTAL (1)</b>  |              |              |                |  | <b>(\$ 770)</b> |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Large Entity   |              | Small Entity |                | Fee Description  | Fee Paid        |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Fee Code   | Fee (\$)     | Fee Code     | Fee (\$)       |  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1051   | 130          | 2051         | 65             | Surcharge - late filing fee or oath  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1052   | 50           | 2052         | 25             | Surcharge - late provisional filing fee or cover sheet                     |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1053   | 130          | 1053         | 130            | Non-English specification  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1812   | 2,520        | 1812         | 2,520          | For filing a request for reexamination                                     |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1804   | 920*         | 1804         | 920*           | Requesting publication of SIR prior to Examiner action                     |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1805   | 1,840*       | 1805         | 1,840*         | Requesting publication of SIR after Examiner action                        |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1251   | 110          | 2251         | 55             | Extension for reply within first month                                     |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1252   | 420          | 2252         | 210            | Extension for reply within second month                                    |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1253   | 950          | 2253         | 475            | Extension for reply within third month                                     |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1254   | 1,480        | 2254         | 740            | Extension for reply within fourth month                                    |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1255   | 2,010        | 2255         | 1,005          | Extension for reply within fifth month                                     |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1401   | 330          | 2401         | 165            | Notice of Appeal   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1402   | 330          | 2402         | 165            | Filing a brief in support of an appeal                                     |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1403   | 290          | 2403         | 145            | Request for oral hearing   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1451   | 1,510        | 1451         | 1,510          | Petition to institute a public use proceeding                              |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1452   | 110          | 2452         | 55             | Petition to revive - unavoidable   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1453   | 1,330        | 2453         | 665            | Petition to revive - unintentional   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1501   | 1,330        | 2501         | 665            | Utility issue fee (or reissue)   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1502   | 480          | 2502         | 240            | Design issue fee   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1503   | 640          | 2503         | 320            | Plant issue fee  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1460   | 130          | 1460         | 130            | Petitions to the Commissioner  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1807   | 50           | 1807         | 50             | Processing fee under 37 CFR 1.17 (q)                                       |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1806   | 180          | 1806         | 180            | Submission of Information Disclosure Stmt                                  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 8021   | 40           | 8021         | 40             | Recording each patent assignment per property (times number of properties) |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1809   | 770          | 2809         | 385            | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1810   | 770          | 2810         | 385            | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1801   | 770          | 2801         | 385            | Request for Continued Examination (RCE)                                    |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1802   | 900          | 1802         | 900            | Request for expedited examination of a design application                  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Other fee (specify) _____  |              |              |                |  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| <b>SUBTOTAL (3)</b>  |              |              |                |  | <b>(\$ 0)</b>   |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>25 - 20 ** =</td> <td>5</td> <td>18</td> <td>90</td> </tr> <tr> <td>Independent Claims</td> <td>2 - 3 ** =</td> <td>0</td> <td>86</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td>0</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 90)</b></td> </tr> </tbody> </table> |              |              |                |  |                 | Extra Claims | Fee from below | Fee Paid        | Total Claims | 25 - 20 ** = | 5        | 18       | 90       | Independent Claims | 2 - 3 ** = | 0    | 86  | 0                  | Multiple Dependent | 0    |     |      | 0   | Large Entity      |  | Small Entity |     | Fee Description | Fee Paid | Fee Code         | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18  | 2202               | 9 | Claims in excess of 20 |     | 1201 | 86 | 2201                   | 43 | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145             | Multiple dependent claim, if not paid  |  | 1204 | 86 | 2204         | 43 | ** Reissue independent claims over original patent |  | 1205            | 18       | 2205     | 9        | ** Reissue claims in excess of 20 and over original patent |          | <b>SUBTOTAL (2)</b> |     |      |    |                                     | <b>(\$ 90)</b> |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
|  |              | Extra Claims | Fee from below | Fee Paid   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Total Claims   | 25 - 20 ** = | 5            | 18             | 90   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Independent Claims   | 2 - 3 ** =   | 0            | 86             | 0  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Multiple Dependent   | 0            |              |                | 0  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Large Entity   |              | Small Entity |                | Fee Description  | Fee Paid        |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| Fee Code   | Fee (\$)     | Fee Code     | Fee (\$)       |  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1202   | 18           | 2202         | 9              | Claims in excess of 20   |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1201   | 86           | 2201         | 43             | Independent claims in excess of 3  |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1203   | 290          | 2203         | 145            | Multiple dependent claim, if not paid                                      |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1204   | 86           | 2204         | 43             | ** Reissue independent claims over original patent                         |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| 1205   | 18           | 2205         | 9              | ** Reissue claims in excess of 20 and over original patent                 |                 |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |
| <b>SUBTOTAL (2)</b>  |              |              |                |  | <b>(\$ 90)</b>  |              |                |                 |              |              |          |          |          |                    |            |      |     |                    |                    |      |     |      |     |                   |  |              |     |                 |          |                  |          |          |          |      |     |                    |   |                        |     |      |    |                        |    |                                   |  |      |     |      |                 |  |  |      |    |              |    |  |  |                 |          |          |          |  |          |                     |     |      |    |                                     |                |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |               |

|                            |                  |                                   |        |  |                  |
|----------------------------|------------------|-----------------------------------|--------|--|------------------|
| <p><b>SUBMITTED BY</b></p> |                  |                                   |        | <p><b>Complete (if applicable)</b></p> |                  |
| Name (Print/Type)          | Tawni L. Wilhelm | Registration No. (Attorney/Agent) | 47,456 | Telephone                              | 801-531-1922     |
| Signature                  |                  |                                   |        | Date                                   | February 5, 2004 |

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